Common Sense Colorectal Cancer Screening Recommendations at a Glance				
Risk Category	Age to Begin Screening	Recommendations	Notes	
Average Risk ¹ No risk factors No symptoms ²	≥ Age 50	Screen with any one of the following options: Tests That Find Polyps and Cancer³ ✓ Flexible sigmoidoscopy q 5 ✓ Colonoscopy q 10 yrs ✓ Double contrast barium enema q 5 yrs* ✓ Computed tomography colonography q 5 yrs* OR Tests That Primarily Find Cancer ✓ Guaiac-based fecal occult ✓ blood test q 1 yr *,** ✓ Fecal immunochemical test q 1 yr *,** ✓ Stool DNA test ***	 The American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer view a patient as being at average risk for the purpose of screening if only one first degree relative (FDR) > age 60 is affected. If the FDR is < 50, or affected, also check for a history consistent with hereditary non-polyposis colorectal cancer HNPCC. Patients with symptoms merit an evaluation of their condition to precede screening. Tests that are designed to find both early cancer and polyps are preferred if these tests are available and the patient is willing to have one of these more invasive tests. If the test is positive, a colonoscopy should be done. The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing. Interval uncertain. 	

Common Sense Colorectal Cancer Screening Recommendations at a Glance				
Risk Category	Age to Begin Screening	Recommendations	Notes	
Increased Risk CRC or adenomatous polyp in a first- degree relative (FDR) ⁴	Age 40 or 10 years younger than the earliest diagnosis in the family, whichever comes first	Colonocopy ⁵	⁴ Patients with a personal history of CRC or adenomatous polyp require a surveillance plan not screening.	
			⁵ Colonoscopy for persons at increased risk is the recommendation of the American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer. The US Preventive Services Task Force (USPSTF) does not specifically recommend colonoscopy, but notes that colonoscopy is the most sensitive and specific modality.	
Highest Risk Personal history for > 8 years of Crohn's disease or ulcerative colitis or a hereditary syndrome (HNPCC ⁶ or, FAP, AFAP)	Any age	Needs specialty evaluation and colonoscopy	 The criteria (Revised Amsterdam) for HNPCC are that there should be at least three relatives with HNPCC-associated cancers (colorectal, endometrium, small bowel, ureter, renal pelvis) and all of the following criteria must be met: One should be a FDR of the other two, At least two successive generations should be affected. At least one cancer should be diagnosed before age 50. Familial adenomatous polyposis should be excluded in the CRC case. Tumors should be verified by pathological examination. 	